

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-002

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 20px;"></div>		Submission date:	Contact person (if different than reporter)	Internal ID <i>1-52650756</i>		
	Address: <i>Indiana</i>			Address:			
	Phone #: <div style="background-color: black; width: 100px; height: 20px;"></div>			Phone #:			
	Incident Status: <i>New</i>	Location and date of incident <i>Indiana</i> <i>06/02/2018</i>		Date registrant became aware of incident: <i>6/2/2018</i>	Was incident part of larger study?		
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>239-2657</i>		EPA Registration # (Product 2)		EPA Registration # (Product 3)		
	A.I. (s) <i>Glyphosate, Imazapyr</i>		A.I. (s)		A.I. (s)		
	Product 1 Name <i>GroundClear Complete Vegetation Killer</i>		Product 2 Name		Product 3 Name		
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?		
	Formulation		Formulation		Formulation		
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Own Residence</i>			Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>		
	Applicator certified PCO? <i>Not applicable</i>						
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>						

6/2/2018 2:31:55 PM Ortho GroundClear Veg Killer
EPA reg: 239-2657

HX: 3 hours after spraying the area, caller is having persistent difficulty breathing and his chest hurts. He has showered and is in a well ventilated area, however symptoms persist.

A:

- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.*
- Due to the persistence of symptoms, I recommend seeking medical attention immediately.*
- Please call back with any additional questions or concerns.*

6/5/2018 11:25:10 AM CB#1: Spoke to [REDACTED]

Hx: I went to the hospital as my chest started hurting really bad. It was not a heart attack, but they can't figure out what happened. I am still having the symptoms and have another doctor appointment soon. Thanks for checking on me.

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Chest Pain (inc non-cardia), 3 hrs or less;</i> <i>Shortness of breath, 3 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-52650756